

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53

Primary Registration District No. 3009

Registrar's No. 476

63-039181

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 22 1963

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jackson</b>		c. CITY OR TOWN <b>Jackson</b>	
Length of stay in 1b <b>11 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>814 Dorothy</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>GEORGE ELLIOTT HARTLE</b>		4. DATE OF DEATH Month <b>October</b> Day <b>5</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/20/1904</b>
9. AGE (last birthday) <b>58</b>		10. IF UNDER 1 YEAR Months <b>10</b> Days <b>15</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Business Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Decorating</b>	
11. BIRTHPLACE (City and state or country) <b>Jackson, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>George Hartle</b>		13b. MOTHER'S MARDEN NAME <b>Pauline Masters</b>	
14. NAME OF HUSBAND OR WIFE <b>Pauline Eggimann</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>N/A</b>		17. INFORMANT <b>Mrs. Pauline Hartle, Jackson, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rupture of abdominal aneurysm</b> DUE TO (b) <b>Aortic atherosclerosis</b> DUE TO (c) <b>USO</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>4 hr.</b> <b>Unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>12-19-53</b> to <b>10-5-63</b> and last saw her alive on <b>10-5-63</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. J. Jaeger, M.D.</b>		22b. ADDRESS <b>Jackson, Mo.</b>	
22c. DATE SIGNED <b>Oct 6, 1963</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>10/9/1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Russell Heights</b>	
23d. LOCATION (City, town, or county) <b>Jackson, Missouri</b>		24. FUNERAL DIRECTOR <b>St. Cloud</b>	
25. DATE RECD. BY LOCAL REG. <b>10-17-1963</b>		26. REGISTRAR'S SIGNATURE <b>James Katten</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 24 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by J. C. Bond, Jr., Student Embalmer No. 672

working under my personal supervision.

Student J. C. Bond, Jr.  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.